

Developmental Screening of Children in Pre-Kindergarten

This brief is intended to provide guidance on developmental screening for children in pre-kindergarten programs.

The purpose of developmental screening is to identify children at risk who need further observation and evaluation based on concerns related to their progress in one or more domains of development: health and physical, emotional and social, language and communication, cognitive. Screening results, family concerns, and observational information should be used to inform decisions about contacting the local school system's Exceptional Children Program for further evaluation to determine if a child is eligible for special education and related services or may need other supports and/or modifications in the classroom.

In some cases, a developmental screening is conducted before a child is enrolled in a pre-kindergarten program. The pre-kindergarten program should obtain and use the screening results from the health care provider or community-based agency to avoid duplicating screening efforts. All children who have not received a developmental screening prior to enrollment should be screened as soon as possible after allowing a few days for the child to make a comfortable transition. In addition, any child should be screened any time there is a concern.

If a screening was conducted more than six months before enrollment, a new screening should be conducted as soon as possible after enrollment. This developmental screening may be conducted by the health care provider or agency that did the previous screening, or by the receiving program.

A screening may not be necessary when existing assessment information is available for a child with an existing Individualized Education Program (IEP). The IEP should be provided to the teacher, and the teacher should be involved in the IEP process in the future.



SCREENING INSTRUMENTS

The Office of Early Learning of the NC Department of Public Instruction convened an expert committee that conducted a comprehensive technical review of screening instruments. The criteria for recommendation of an instrument included the following:

- **Purpose:** The instrument is designed to identify pre-kindergarten age children who should be referred for an evaluation or assessment based on concerns in one or more developmental domains.
- **Age range:** The instrument is designed for children ages three to five years.
- **Developmental domains:** The instrument screens children in four of the five developmental domains: emotional and social development, health and physical development (fine and gross motor development), language development and communication, and cognitive development. The fifth domain – approaches to learning – is not included.
- **Technical properties:** The instrument has a research base that meets technical criteria for reliability, validity, norms, sensitivity and specificity.
- **Practicality:** The instrument is practical for pre-kindergarten programs to administer.
- **Appropriateness for English Language Learners:** The instrument has culturally and linguistically appropriate versions in other languages that meet technical criteria.

APPROPRIATE USES OF SCREENING INSTRUMENTS

Screening instruments should be used only for the purpose for which they are designed – to identify children who should be considered for referral for further evaluation. Screening instruments do not diagnose conditions. Screening instruments do not provide enough information to inform instruction and should not be used for that purpose.

Screening instruments should not be used to provide pre/post intervention data for program evaluation or to make decisions about a child's placement in a program. Pre-kindergarten programs that have traditionally used developmental screening as the sole criterion to determine eligibility should instead use multiple sources of information, including information regarding various risk factors that are associated with educational need.

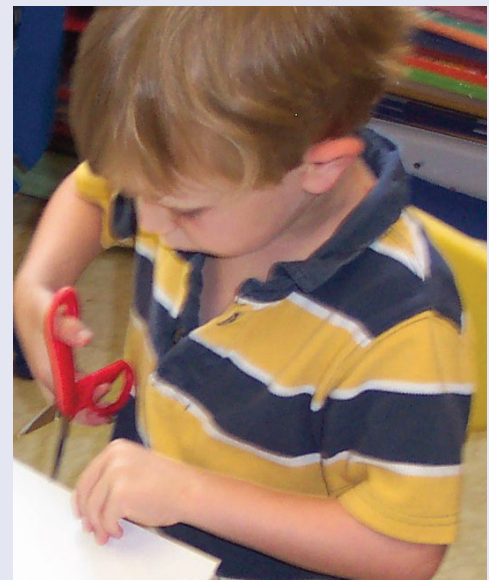
The Screening Process

OVERSIGHT OF THE PROCESS BY QUALIFIED PRACTITIONERS

Oversight of the screening process should be provided by a professional(s) with specialized training and expertise in early childhood assessment. The required qualifications include a graduate degree in a related field and expertise in early childhood assessment. Qualified professionals may include school psychologists, special education staff, counselors or developmental/behavioral pediatricians.

Qualified professionals should be available to supervise and assist with questions about scoring, interpreting screening results, and referring children for further evaluation. Qualified professionals could provide other assistance as well, such as helping select which approved screening instrument should be used, helping coordinate with other resources in the community, and assisting in communicating with families when the screening indicates a concern. They could also help develop plans for screening children who are English Language Learners (ELL), ensure that these children are screened appropriately, and that interpreters are used for communicating with families, as needed.

Programs are encouraged to connect – when needed – with other resources within the community who have expertise in early childhood assessment to provide this oversight. In some cases, it may be possible to develop community-wide plans for conducting and supervising the screening process, thus allowing pre-kindergarten programs to take advantage of persons in the community with screening expertise who can supervise the screening process, serve as a resource, and help coordinate screening services across agencies.



COORDINATION WITH OTHER COMMUNITY SERVICE PROVIDERS

In order to avoid duplicate screenings of children, pre-kindergarten programs should coordinate with other community service providers that conduct developmental screenings. To assist in promoting community coordination, pre-kindergarten programs are encouraged to use results obtained from screenings completed by other service providers, such as the child's medical home (primary health care provider), health departments, Head Start programs and school systems.

Community service providers may work together to conduct screenings at a community event, or throughout the community with all of the agencies taking part. When developing a community-wide system for screening, it is advisable to plan for the bulleted items below. For effective coordination, a collaborative agreement between pre-kindergarten programs and other agencies and health care providers is necessary. The agreement would ensure that:

- An approved screening instrument is used
- Interpreters are used when needed for screenings and parent communication
- Screening is supervised and conducted by qualified personnel
- Appropriate procedures are implemented to maintain confidentiality and obtain parent consent when sharing information about individual children
- There is a system of communication between the service providers and pre-kindergarten programs

The agreement must clarify which agency is responsible for follow-up when a child's screening results indicate the need for further evaluation.

THE FAMILY'S ROLE IN SCREENING

Parents and guardians provide critical information about their children. Any screening instrument used should include a family component, such as an interview or questionnaire. Using information collected from parents will strengthen all screenings.

Two of the approved instruments – the Ages and Stages Questionnaires, Third Edition (ASQ-3) and the Parents' Evaluation of Developmental Status (PEDS) – rely on the information provided by parents or guardians about their children. The ASQ-3 and the PEDS instruments are found to be reliable, valid and accurate in screening children who may be at risk.

When using any screening instrument, programs should communicate information about the screening process with each family in their primary language before their child participates in the screening. This communication should inform families about the purpose of the screening, that children will be screened in their primary language, what children will experience during the screening, and how the results of the screening will be used.



SCREENING CHILDREN WHO ARE ENGLISH LANGUAGE LEARNERS

Each child should be screened in the child's primary language, as reported by the family. Programs should select an approved screening instrument that is available in the languages that are predominantly used in their community. Culturally and linguistically appropriate screening is important to ensure that results are accurate and that children are appropriately identified for further evaluation.

Communities that are preparing to screen children in their primary language should begin by identifying bilingual resources in the community. Screening in the child's primary language should be conducted by bilingual assessors, or with the assistance of interpreters (preferably professional interpreters) who are trained to assist with screening and with communicating with families.

If an instrument in the child's primary language is not available, the screening process requires an interpreter.

FOLLOW-UP ON CHILDREN'S SCREENING RESULTS

All screening results should be communicated to parents in a timely manner with appropriate documentation. A professional with expertise in assessment should be available to assist programs in communicating screening results with parents and to help interpret those results with parents when necessary. An interpreter should be used for parents with limited English proficiency.

If the screening results indicate no need for follow-up, programs should communicate to the family that their child's results indicated "no concerns." If the screening indicates concerns, those results and concerns should be communicated and interpreted for parents. At that time, the process for further observation and/or evaluations should be discussed with the parents.

If the screening process raises significant developmental, sensory or behavioral concerns about a child, the local school system's Exceptional Children Program should be contacted immediately for assistance. It is important to note that parents may make a referral to the Exceptional Children Program at any time, with or without screening results.

Local pre-kindergarten and Exceptional Children programs should establish processes, procedures, and timelines for appropriate follow-up on children's screening results, when the screening process raises concerns. Agreed upon processes and procedures between programs should include at least:

- Identifying the primary contacts for each program
- Establishing criteria for follow-up action
- Identifying the type(s) of possible follow-up action, including community-based resources outside the local school system
- Identifying qualified professionals available to assist the pre-kindergarten program in decision making
- Developing steps and methods of documentation for sharing of information

Special provisions should be made to share information – with parent consent – among programs. Information shared should include all available information such as screening results, parent concerns and teacher observations which indicate the need for further evaluation.

OFFICE OF EARLY LEARNING APPROVED SCREENING INSTRUMENTS

The following programs are North Carolina's state- and federally-funded pre-kindergarten programs served by the Office of Early Learning, NC Department of Public Instruction.

- Even Start
- More at Four Pre-Kindergarten Program
- Title I Preschool
- Preschool Exceptional Children

The Office of Early Learning also includes the Head Start State Collaboration Office and coordinates with North Carolina's federally-funded Head Start programs.

The instruments below are recommended for all programs receiving federal or state funds through the Office of Early Learning. Please refer to the individual programs at www.ncprek.nc.gov for specific requirements regarding screening.

AGES & STAGES QUESTIONNAIRES, THIRD EDITION (ASQ-3) | AGES & STAGES QUESTIONNAIRES (ASQ) www.agesandstages.com

ASQ-3 is an instrument designed to be completed by parents or guardians. Programs can give the ASQ-3 forms to parents to complete independently or can set up a process where staff and parents complete the forms together in the manner of an interview. The best information may be gathered during an interview. Because parents may have limited literacy skills, programs should ask if the parents prefer for the staff to read the questionnaire to them.

The ASQ-3 identifies children who need further assessment, as well as children who need monitoring.

ASQ-3 and ASQ are available in several languages. Programs must use a version that is in the family's primary language and provide support to the family, if needed, such as an interpreter who is familiar with the tool to assist in the interview process.

PARENTS' EVALUATION OF DEVELOPMENTAL STATUS (PEDS) www.pedstest.com

PEDS is an instrument designed to be completed by parents or guardians. Programs can give the PEDS forms to parents to complete independently or can set up a process where staff and parents complete the forms together in the manner of an interview. The best information may be gathered during an interview. Because parents may have limited literacy skills, programs should ask if the parents prefer for the staff to read the questionnaire to them.

PEDS is available in several languages. Programs must use the version of the PEDS that is in the family's primary language and provide support to the family, if needed, such as an interpreter who is familiar with the tool to assist in the interview process.

BRIGANCE EARLY CHILDHOOD SCREEN II (3-5 YEARS) BRIGANCE HEAD START SCREEN BRIGANCE PRESCHOOL SCREEN – II BRIGANCE K & 1 SCREEN – II www.curriculumassociates.com

The Brigance Screens are instruments designed to be administered by professionals who have been trained to use the instruments. Programs using the Brigance Screens should have someone with specialized training and expertise in early childhood assessment to supervise the administration of the Brigance screening process and to oversee the interpretation of screening results (*e.g., professionals with a graduate degree in a related field and expertise in early childhood assessment, such as school psychologists, special education staff, counselors or developmental/behavioral pediatricians. B-K licensed teachers with training in assessment and in the Brigance Screens can also provide this supervision at the site level*).

The Brigance Social-Emotional and the Self-Help subscales must also be used in the screening process to ensure that children are screened in all required domain areas. These two subscales should be completed by parents. Reproducible copies of these two subscales are included in the Brigance Administration Kit. Programs should consult the technical manual for specific procedures for interpreting screening results for "at risk" and bilingual children.

The Brigance is available in English and Spanish. Screening of Spanish speaking children must be administered by someone who is bilingual/bicultural and trained in the Spanish version of the instrument.

DEVELOPMENTAL INDICATORS FOR THE ASSESSMENT OF LEARNING, THIRD EDITION (DIAL-3) <http://pearsonassess.com>

The DIAL-3 is designed to be administered by professionals who have been trained to use the instrument. Programs using the DIAL-3 should have someone with specialized training and expertise in early childhood assessment to supervise the administration of the DIAL-3 screening process and to oversee the interpretation of screening results (*e.g., professionals with a graduate degree in a related field and expertise in early childhood assessment, such as school psychologists, special education staff, counselors or developmental/behavioral pediatricians. B-K licensed teachers with training in assessment and in the DIAL-3 can also provide this supervision at the site level*).

DIAL-3 is available in English and Spanish. Screening of Spanish speaking children must be administered by someone who is bilingual/bicultural and trained in the Spanish version of the instrument.

The Speed DIAL may not be used as a substitute for the DIAL-3.